



Health Benefit Options 2025

Retirees Under 65



ANNE ARUNDEL
COUNTY PUBLIC SCHOOLS

ANNE ARUNDEL COUNTY PUBLIC SCHOOLS

Contents

Welcome	1
Take the Call	2
Know Before You Go	3
Virtual Care Options	5
Care Management and You	6
Away From Home Care	7
BlueCard & Global Core	8
Selecting a Primary Care Provider (PCP)	10
Treatment Cost Estimator Online Tool	12
Medical Benefits Options	15
Specialty Pharmacy Coordination Program	21
Ways to Save with Generic Drugs	22
Mail Service Pharmacy	24
Preferred Dental	25
Traditional Dental	26
Dental Options	27
Vision Program	28
BlueVision (Davis Vision)	30
Manage Your Healthcare with My Account	32
Mental Health Support	34
CareFirst WellBeing	35
Preventive Service Guidelines for Adults	37
Preventive Service Guidelines for Children	39
Notice of Nondiscrimination and Availability of Language Assistance Services	41
Notes	45

Welcome

Welcome to your plan for healthy living

From preventive services to maintaining your health, to our extensive network of providers and resources, CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) are there when you need care. We will work together to help you get well, stay well and achieve any wellness goals you have in mind.

We know that health insurance is one of the most important decisions you make for you and your family—and we thank you for choosing CareFirst. This guide will help you understand your plan benefits and all the services available to you as a CareFirst member.

Please keep and refer to this guide while you are enrolled in this plan.

How your plan works

Find out how your health plan works and how you can access the highest level of coverage.

What's covered

See how your benefits are paid, including any deductibles, copayments or coinsurance amounts that may apply to your plan.

Getting the most out of your plan

Take advantage of the added features you have as a CareFirst member:

- Wellness discount program offering discounts on fitness gear, gym memberships, healthy eating options and more.
- Online access to quickly find a doctor or search for benefits and claims.
- Health information on our website includes health calculators, tracking tools and podcast videos on specific health topics.
- *Vitality* magazine offers helpful tips, insights and resources to make the most of your CareFirst coverage.



Visit carefirst.com/aacps for up-to-date information on your plan.

Take the Call

If you're dealing with something health-related—a medical emergency, chronic condition like diabetes, or personal goal such as losing weight—you don't have to go it alone. CareFirst BlueCross BlueShield (CareFirst) is here for you.

As part of your medical benefits, you may receive a call from us (or a letter or postcard in the mail) telling you more about our personal, one-on-one health support programs that can help with whatever you're facing. These programs are confidential, and there's no obligation to participate. But if you decide to take part, you can choose how involved you want to be.

We encourage you to “take the call” so you can take advantage of this personal support.



You don't need to wait for us to contact you. If you would like to learn more about our one-on-one coaching and support programs, visit carefirst.com/takethecall.

Know Before You Go

Your money, your health, your decision

Choosing the right setting for your care—from allergies to X-rays—is key to getting the best treatment with the lowest out-of-pocket costs. It's important to understand your options so you can make the best decision when you or your family members need care.*

Primary care provider (PCP)

The best place to get consistent, quality health care is your primary care provider (PCP). If you have a medical issue, having a doctor who knows your health history often makes it easier to get the care you need.

CloseKnit Virtual Care

Our virtual-first practice, CloseKnit, offers 24/7/365 virtual primary care, behavioral health, and urgent care services.

Primary care patients have access to a dedicated Care Team equipped to treat most medical concerns virtually, through CloseKnit's convenient mobile app. The team can direct to in-person or specialty care when needed and can help patients manage medications, chronic conditions, navigate billing and more.

Urgent care services, for conditions such as cold or flu, and behavioral health visits, are available to patients regardless of whether they've selected CloseKnit as their primary care provider.

24-Hour Nurse Advice Line

Registered nurses are available 24/7 to discuss your symptoms with you and recommend the most appropriate care. Call 800-535-9700 anytime to speak with a nurse.

Convenience care centers (retail health clinics)

These are typically located inside a pharmacy or retail store (like CVS MinuteClinic) and offer care for non-emergency situations like colds, pink eye, strep tests and vaccinations. These centers usually have evening and weekend hours.

Urgent care centers

Urgent care centers (such as Patient First or ExpressCare) provide treatment for injuries and illnesses that require prompt medical attention but are not life-threatening (sprains, minor cuts, flu, rashes, minor burns). These centers have doctors on staff and offer weekend/after-hours care.

Emergency room (ER)

Emergency rooms treat acute illnesses and trauma. Go to the ER right away if you or a family member have sudden symptoms that need emergency care, including (but not limited to): chest pain, trouble breathing or head trauma. Prior authorization is not needed for emergency room services.

* The medical providers mentioned in this document are independent providers making their own medical determinations and are not employed by CareFirst BlueCross BlueShield. CareFirst does not direct the action of participating providers or provide medical advice.

When you need care

When your PCP isn't available, being familiar with your options will help you locate the most appropriate and cost-effective medical care. The chart below shows how costs* may vary for a sample health plan depending on where you choose to get care.

	Sample Cost	Needs or Symptoms	24/7	Rx
24-Hour Nurse Advice Line	\$0	If you are unsure about your symptoms or where to go for care, call 800-535-9700, anytime day or night to speak to a registered nurse.		
CloseKnit Virtual Care <i>(24/7/365 virtual care for members)</i>	\$15	<ul style="list-style-type: none"> ▪ Cough, cold and flu ▪ Urgent care needs ▪ Illness while traveling ▪ Therapy 	✓	✓
Convenience Care <i>(e.g., CVS MinuteClinic)</i>	\$15	<ul style="list-style-type: none"> ▪ Cough, cold and flu ▪ Pink eye ▪ Ear pain 	✗	✓
Urgent Care <i>(Non-life threatening illness or injury requiring immediate care, e.g., Patient First or ExpressCare)</i>	\$10	<ul style="list-style-type: none"> ▪ Sprains ▪ Cut requiring stitches ▪ Minor burns 	✗	✓
Emergency Room <i>(Life-threatening illness or injury)</i>	\$85	<ul style="list-style-type: none"> ▪ Chest pain ▪ Difficulty breathing ▪ Abdominal pain 	✓	✓

* The costs in this chart are for illustrative purposes only and may not represent your specific benefits or costs.

To determine your specific benefits and associated costs:

- Log in to *My Account* at carefirst.com/aacps;
- Check your Evidence of Coverage or benefit summary;
- Ask your benefit administrator; or
- Call Member Services at the telephone number on the back of your member ID card.



Did you know that **where** you choose to get lab work, X-rays and surgical procedures can have a big impact on your wallet? Typically, services performed in a hospital cost more than non-hospital settings like LabCorp, Advanced Radiology or ambulatory surgery centers.

Virtual Care Options

Get the care you need wherever and whenever you need it through your smartphone, tablet or computer. All from the comfort of your home—not a crowded waiting room. We offer two convenient ways for you to access providers virtually.

CloseKnit

CloseKnit, our leading virtual care practice, gives you 24/7 access to the support you deserve—from primary and urgent care to therapy and more* through your desktop or the convenient CloseKnit mobile app.

CloseKnit offers:



Advanced Primary Care: Dedicated Care Team of medical professionals to provide well care and preventive care to maintain and improve health, including support for chronic conditions such as high blood pressure or diabetes.
For adults age 18+.



Urgent Care: Same-day care to treat minor injuries and common illnesses fast. Average wait time is 30 minutes or less.
For adults and children (age 2+).



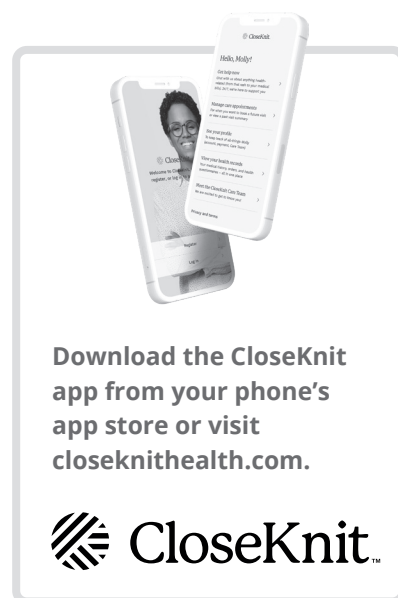
Behavioral Health Services: Expert help from licensed therapists and psychiatrists, including short- and long-therapy for depression, anxiety, or other behavioral health diagnoses, as well as medication management and support.
For adults and children (age 2+).



New Parent Support: Lactation services for nursing mothers and support for parents including prenatal risk assessments and education and post-natal feeding education and weaning programs.



Nutrition Services: Tailored counseling and nutrition plans to meet health needs, goals, and lifestyle including programs to support chronic illnesses and weight loss and management.
For adults and children (age 5+).



CareFirst's 24-Hour Nurse Advice Line allows you to talk to a registered nurse about your symptoms, and the appropriate steps to take, at any time by calling 800-535-9700.

* Providers will use their professional judgment to determine if a telemedicine visit is appropriate or if an in-person visit is required.

Care Management and You

Patient focused care when it matters the most

Your health is important—to you and to us. Staying healthy doesn't always make it to the top of our to-do lists. We have created the Care Management program to help eligible members easily understand the health care system, access services, and find the right support to meet your needs. A Care Manager helps support the relationship between you and your medical providers. In our Care Management program, you will be assigned a Care Manager.

You can decide if you want to work with a Care Manager.

Your Care Manager will:

- Learn about your overall health and identify your needs
- Get input from your providers to help create a plan to help you achieve your health goals
- Educate you on your conditions, treatments and medications
- Help you get services or equipment to manage your conditions
- Develop strategies to help slow the progress of chronic conditions
- Find ways to help you avoid hospital visits—saving you time and money
- Identify other valuable programs and services for you available through your health insurance plan



For more information, contact your Primary Care Provider and ask if Care Management is right for you.

Away From Home Care

Your HMO coverage goes with you

We've got you covered when you're away from home for 90 consecutive days or more. Whether you're out-of-town on extended business, traveling, or going to school out-of-state, you have access to routine and urgent care with our Away From Home Care program.

Coverage while you're away

You're covered when you see a provider of an affiliated Blue Cross Blue Shield HMO (Host HMO) outside of the CareFirst BlueChoice, Inc. service area (Maryland, Washington, D.C. and Northern Virginia). If you receive care, then you're considered a member of that Host HMO receiving the benefits under that plan. So your copays may be different than when you're in the CareFirst BlueChoice service area. You'll be responsible for any copays under that plan.

Enrolling in Away From Home Care

To make sure you and your covered dependents have ongoing access to care:

- Call the Member Service phone number on your ID card and ask for the Away From Home Care Coordinator.
- The coordinator will let you know the name of the Host HMO in the area. **If there are no participating affiliated HMOs in the area, the program will not be available to you.**
- The coordinator will help you choose a primary care physician (PCP) and complete the application. Once completed, the coordinator will send you the application to sign and date.
- Once the application is returned, we will send it to your Host HMO.



Always remember to carry your ID card to access Away From Home Care.

- The Host HMO will send you a new, temporary ID card which will identify your PCP and information on how to access your benefits while using Away From Home Care.
- Complete these steps annually as long as Away From Home Care benefits are needed.
- Simply call your Host HMO primary care physician for an appointment when you need care.

No paperwork or upfront costs

Once you are enrolled in the program and receive care, you don't have to complete claim forms, so there is no paperwork. And you're only responsible for out-of-pocket expenses such as copays, deductibles, coinsurance and the cost of non-covered services.

BlueCard® & Global Core

Wherever you go, your health care coverage goes with you

With your Blue Cross and Blue Shield member ID card, you have access to doctors and hospitals almost anywhere. BlueCard gives you the peace of mind that you'll always have the care you need when you're away from home, from coast to coast. And with Blue Cross Blue Shield Global Core (Global Core) you have access to care outside of the U.S.



As always, go directly to the nearest hospital in an emergency.

Your membership gives you a world of choices. More than 93% of all doctors and hospitals throughout the U.S. contract with Blue Cross and Blue Shield plans. Whether you need care here in the United States or abroad, you'll have access to health care in more than 190 countries.

When you're outside of the CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. service area (Maryland, Washington, D.C., and Northern Virginia), you'll have access to the local Blue Cross Blue Shield Plan and their negotiated rates with doctors and hospitals in that area. You shouldn't have to pay any amount above these negotiated rates. Also, you shouldn't have to complete a claim form or pay up front for your health care services, except for those out-of-pocket expenses (like non-covered services, deductibles, copayments, and coinsurance) that you'd pay anyway.

Within the U.S.

1. Always carry your current member ID card for easy reference and access to service.
2. To find names and addresses of nearby doctors and hospitals, visit the National Doctor and Hospital Finder at www.bcbs.com, or call BlueCard Access at 800-810-BLUE (2583).
3. Call Member Services for pre-certification or prior authorization, if necessary. Refer to the phone number on your ID card because it's different from the BlueCard Access number listed in Step 2.
4. When you arrive at the participating doctor's office or hospital, simply present your ID card.
5. After you receive care, you shouldn't have to complete any claim forms or have to pay up front for medical services other than the usual out-of-pocket expenses. CareFirst will send you a complete explanation of benefits.

Around the world

Like your passport, you should always carry your ID card when you travel or live outside the U.S. The Blue Cross Blue Shield Global® Core program (BCBS Global® Core) provides medical assistance services and access to doctors, hospitals and other health care professionals around the world. Follow the same process as if you were in the U.S. with the following exceptions:

- At hospitals in the BCBS Global Core Network, you shouldn't have to pay up front for inpatient care, in most cases. You're responsible for the usual out-of-pocket expenses. And, the hospital should submit your claim.
- At hospitals outside the BCBS Global Core Network, you pay the doctor or hospital for inpatient care, outpatient hospital care, and other medical services. Then, complete an international claim form and send it to the BCBS Global Core Service Center. The claim form is available online at **bcbsglobalcore.com**.
- To find a BlueCard provider outside of the U.S. visit **bcbs.com**, select *Find a Doctor or Hospital*.

Members of Maryland Small Group Reform (MSGR) groups have access to emergency coverage only outside of the U.S.

Medical assistance when outside the U.S.

Call 800-810-BLUE (2583) toll-free or 804-673-1177, 24 hours a day, 7 days a week for information on doctors, hospitals, other health care professionals or to receive medical assistance services. A medical assistance coordinator, in conjunction with a medical professional, will make an appointment with a doctor or arrange hospitalization if necessary.



Visit **bcbs.com** to find providers within the U.S. and around the world.

Selecting a Primary Care Provider (PCP)

A PCP is a health care practitioner who specializes in your overall health as well as the coordination of your specialty care. Everyone can benefit from having a PCP but only certain CareFirst plans require you to formally select a PCP in the system.

For you to select a practitioner as your PCP, they must display the blue PCP oval **PCP** next to their name.

Before you start

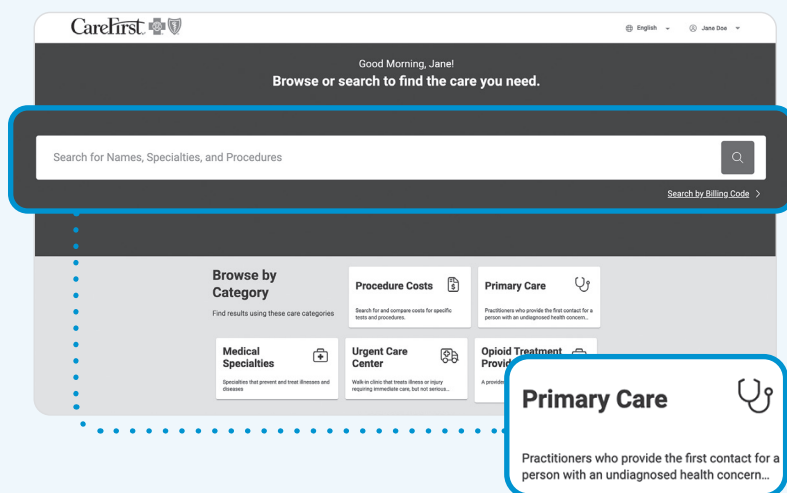
First, you'll need to log in to your My Account page. To do this, visit member.carefirst.com and enter your username and password. Then follow these steps.

1. Click on *Doctors* in the main navigation bar.
2. Select *Find a Doctor* from the drop-down menu.
3. On the following page, click *Proceed*.

Step 1: Start your PCP search

To start searching for a PCP, select the *Primary Care* tile.

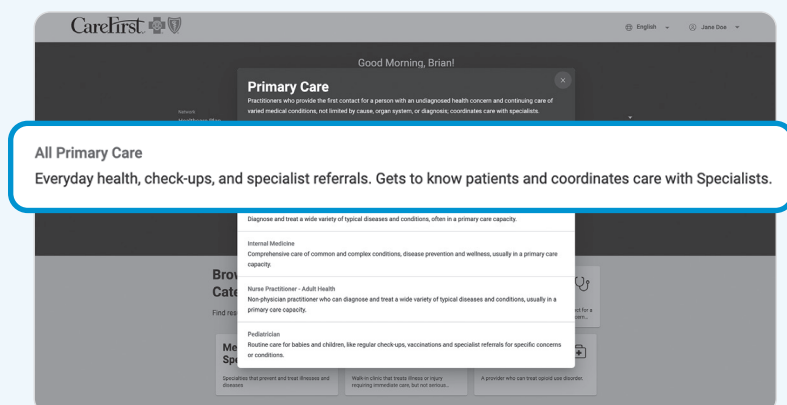
If you already have the name of a primary care provider and would like to see if they're in our network, you can enter their name in the search bar.



Step 2: Focus your search

It's best to begin a new search by selecting *All Primary Care*.

If you know you need a specific type of PCP, you can choose it from the list.

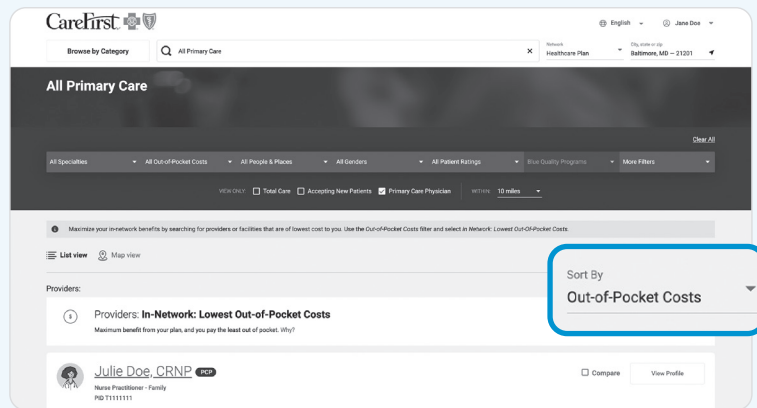


Selecting a Primary Care Provider (PCP)

Step 3: Review your results

A list of providers will be displayed. In-network doctors will appear at the top of the list, with those closest to your zip code shown first.

You can change how the results are sorted by clicking on the *Sort By* menu. You can also change the area you're searching by clicking *City, State or Zip*.

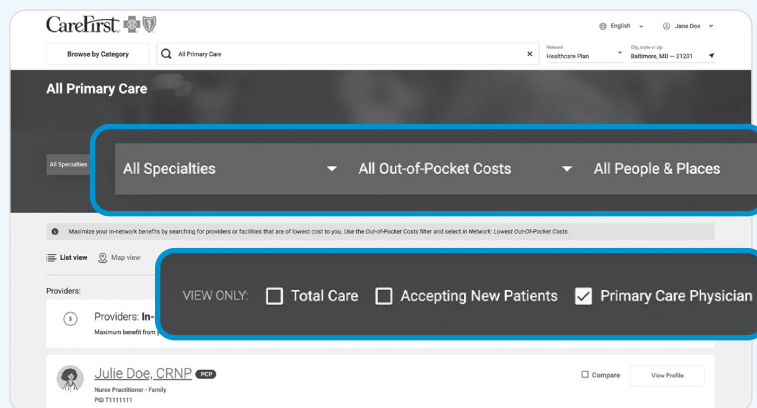


Step 4: Refine your results

You can refine your search results in two places:

- Filter bar
- View Only bar

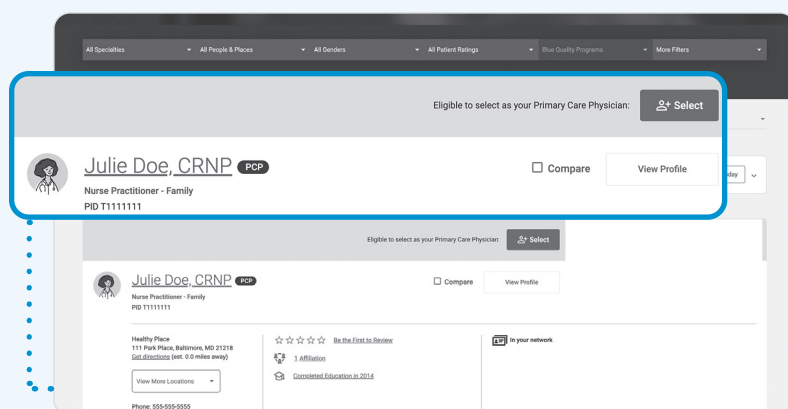
When you make a selection from either of the two bars, the Find a Doctor tool will automatically refresh your search results.



Step 5: Make your selection

Once you've found a PCP that fits your needs, click the blue *Select* button above their profile. This will return you to your My Account page. Just follow the prompts to confirm your selection.

Remember: The blue PCP oval indicates that a provider meets the requirements to serve as your primary care provider. You cannot select a provider that doesn't display this oval.

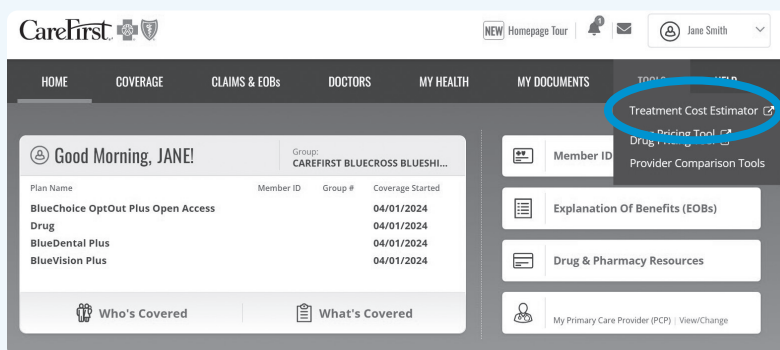


Treatment Cost Estimator Online Tool

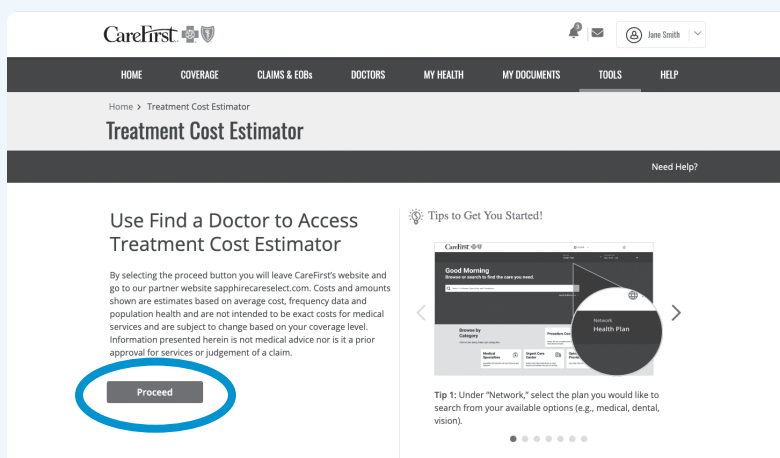
With the Treatment Cost Estimator, you can quickly estimate your costs for medical treatments and procedures. Get started by logging in to *My Account* at **carefirst.com/myaccount**. If you haven't set up your account yet, it just takes your member ID card and a few minutes to register.

Get started

Log in to My Account and select the *Tools* tab, then *Treatment Cost Estimator*.



You will need to click *Proceed* to confirm you're aware these costs are estimates and not a price guarantee.



Treatment Cost Estimator Online Tool

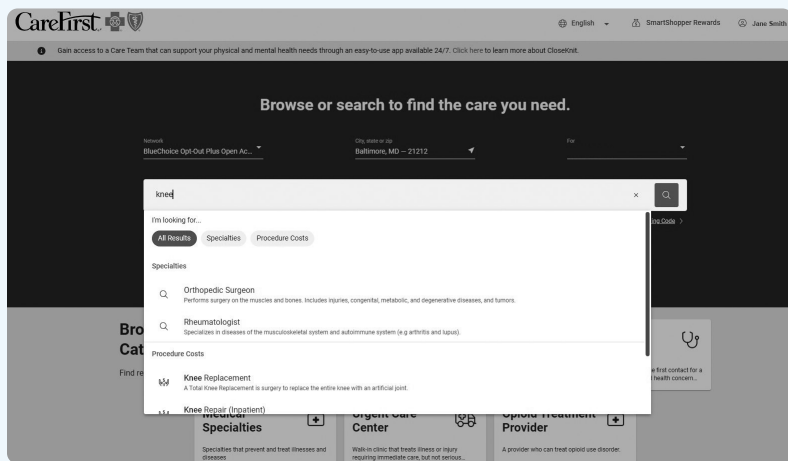
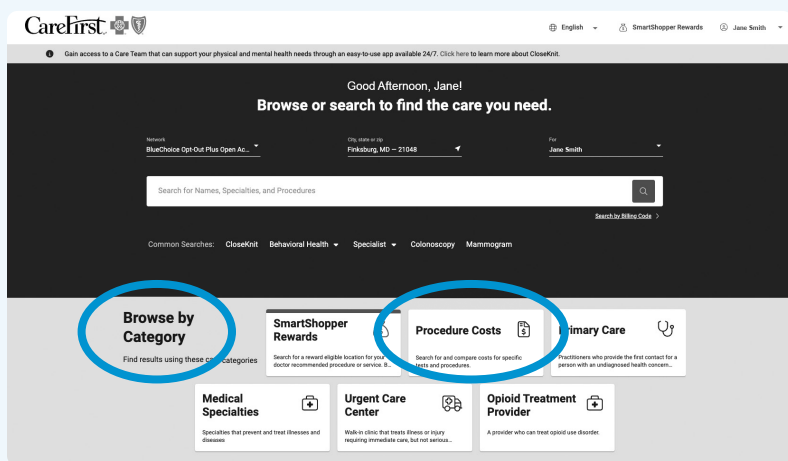
To research costs associated with your procedure or treatment, you can either browse by category by selecting *Procedure Costs*

or

type in the procedure name in the search box (**do not hit enter**). Scroll through the results and **hover over** your selected procedure, then click the *Search* button. Your results will display and can be sorted by distance, value, ratings or alphabetically.

Did you know?

From the same Treatment Cost Estimator home page, you can also search for a provider. Simply select Browse a Category or search by the type of provider, specific procedure, doctor's name or name of a facility.



Treatment Cost Estimator Online Tool

From the same results screen, you can also select up to four providers to compare by checking the *Compare* box.

Results for "knee"

Looking for a procedure with "knee"? [Search Procedures](#)

All Specialties All Out-of-Pocket Costs All People & Places All Genders All Patient Ratings Blue Quality Programs More Filters

VIEW ONLY ☐ Accepting New Patients WITHIN 10 miles

Maximize your in-network benefits by searching for providers or facilities that are of lowest cost to you. Use the Out-of-Pocket Costs filter and select In-Network: Lowest Out-Of-Pocket Costs.

List view Map view Sort by Out-of-Pocket Costs

Providers:

1 Providers: In-Network: Lowest Out-of-Pocket Costs
Maximum benefit from your plan, and you pay the least out of pocket. Why?

[David A Silber, MD](#)
Orthopaedic Surgery
PID V8420039

☐ Compare [View Profile](#)

Book an appointment online via Lifefridge Health. Clicking this link will bring you to a non-Carefirst site. Appointment availability may vary by provider.

Estimated Procedure Cost

Cost Details for **Mammogram, Analog**

Viewing cost details For: **Member**

Total cost [ⓘ]	
\$123	
You Pay	They Pay
\$50	\$73
Coinsurance	\$0
Copay	\$50
Deductible	\$0
This is the amount your health plan pays.	

THIS LOCATION: Facility ABC, 123 Main Street Baltimore, MD 21224
Get directions (est. 10.6 miles away)

OTHER LOCATIONS: [See your cost at their other locations.](#)

Individual Benefit Contributions

Deductible [ⓘ]	\$0/\$1000	Out of Pocket Maximum [ⓘ]	\$0/\$4000
	@ + \$0 with this procedure		@ + \$50 with this procedure

Family Benefit Contributions

Deductible [ⓘ]	\$0/\$1000	Out of Pocket Maximum [ⓘ]	\$30/\$4000
	@ + \$0 with this procedure		@ + \$50 with this procedure

Medical Benefits Options

Retirees Under 65—January 2025

Product Line	HMO
Product Name	BlueChoice HMO Open Access
Services	
NETWORK	BLUECHOICE
COPAYS	\$15 PCP / \$20 Specialist copay
ANNUAL DEDUCTIBLE	
Individual	None
Individual & Child	None
Individual & Adult	None
Family	None
ANNUAL OUT-OF-POCKET MAXIMUM	
Medical	\$2,000 Ind. / \$6,000 Family
Combined Medical and Prescription	\$6,350 Ind. / \$12,700 Family
LIFETIME MAXIMUM BENEFIT	Unlimited except on fertility services
PREVENTIVE SERVICES	
Well-Child Care	
0–24 months	No charge
24 months–13 years (immunization visit)	No charge
24 months–13 years (non-immunization visit)	No charge
14–17 years	No charge
Adult Physical Examination	No charge
Routine GYN Visits	No charge
Mammograms	No charge
Cancer Screening (Pap Test, Prostate and Colorectal)	No charge
OFFICE VISITS, LABS AND TESTING	
Office Visits for Illness	\$15 PCP / \$20 Specialist copay
Diagnostic Services	\$15 PCP / \$20 Specialist copay
X-ray and Lab Tests	No copay (LabCorp)
Allergy Testing	\$15 PCP / \$20 Specialist copay (if office visit copay paid, additional copay not required)
Allergy Shots	\$15 PCP / \$20 Specialist copay (if office visit copay paid, additional copay not required)
Outpatient Physical, Speech and Occupational Therapy (Office Setting)	\$20 copay; (limited to 30 visits combined/condition/benefit period)
Outpatient Chiropractic	\$20 copay; (limited to 20 visits/condition/benefit period)
EMERGENCY CARE AND URGENT CARE	
Physician's Office	\$15 PCP / \$20 Specialist copay
Urgent Care Center	\$10 PCP / \$15 Specialist copay
Hospital Emergency Room	\$85 copay (waived if admitted)
Ambulance (if medically necessary)	No charge

Medical Benefits Options

BlueChoice Triple Option Plan—Open Access—3 Health Care Plans in 1		
BlueChoice Triple Option Open Access		
Level 1 No Referrals Required	Level 2 No Referrals Required	Level 3 No Referrals Required
BLUECHOICE	PREFERRED PROVIDER (PPO BLUE CARD)	PARTICIPATING/ NON-PARTICIPATING
\$20 PCP / \$20 Specialist	\$25 PCP / \$25 Specialist	N/A
None	\$200	\$300
None	\$400	\$600
None	\$400	\$600
None	\$400	\$600
\$2,000 Ind. / \$6,000 Family	\$2,000 Ind. / \$4,000 Family	\$2,000 Ind. / \$4,000 Family
\$6,350 Ind. / \$12,700 Family	\$6,350 Ind. / \$12,700 Family	\$6,350 Ind. / \$12,700 Family
Unlimited except on fertility services		
No charge	No charge	80% AB, no deductible
No charge	No charge	80% AB, no deductible
No charge	No charge	80% AB, no deductible
No charge	No charge	80% AB, no deductible
No charge	No charge	80% AB after deductible
No charge	No charge	80% AB after deductible
No charge	No charge	80% AB after deductible
No charge	No charge	80% AB after deductible
\$20 copay	\$25 copay	80% AB after deductible
\$20 copay	\$25 copay	80% AB after deductible
No copay (LabCorp)	\$25 copay	80% AB after deductible
\$20 copay	\$25 copay	80% AB after deductible
\$20 copay	\$25 copay	80% AB after deductible
\$20 copay (limited to 30 visits per condition per year)	\$25 copay (limited to 100 visits per year)	80% AB after deductible (limited to 100 visits per year)
\$20 copay (limited to 20 visits per year)	\$25 copay (unlimited visits)	80% AB after deductible (unlimited visits)
\$20 copay	\$25 copay	80% AB after deductible
\$15 copay	\$20 copay	80% AB after deductible
\$85 copay (waived if admitted)	Considered under Level 1. If benefits are not available under Level 1, benefits may be payable under the appropriate level	Considered under Level 1. If benefits are not available under Level 1, benefits may be payable under the appropriate level.
No charge	Considered under Level 1. If benefits are not available under Level 1, benefits may be payable under the appropriate level	Considered under Level 1. If benefits are not available under Level 1, benefits may be payable under the appropriate level.

AB=Allowed Benefit

Medical Benefits Options

Product Line	HMO
Product Name	BlueChoice HMO Open Access
Services	
HOSPITALIZATION	
Inpatient Facility Services	No charge
Outpatient Facility Services	No charge
Inpatient Physician Services	No charge
Outpatient Physician Services	\$15 PCP / \$20 Specialist copay
HOSPITAL ALTERNATIVES	
Home Health Care	No charge
Hospice	No charge
Skilled Nursing Facility (limited to 365 days/benefit period)	No charge
MATERNITY	
Preventive Prenatal and Postnatal Office Visits	No charge
Delivery and Facility Services	No charge
Nursery Care of Newborn	No charge
Artificial Insemination—Subject to State Mandate (limited to 6 attempts per live birth)	50% of the AB
InVitro Fertilization Procedures—Subject to State Mandate (limited to 3 attempts per live birth & \$100,000 lifetime max)	50% of the AB
MENTAL HEALTH (MH) AND SUBSTANCE USE DISORDER (SUD)—SUBJECT TO FEDERAL MANDATE	
Inpatient Facility Services (requires Pre-authorization)	No charge
Inpatient Physician Services	No charge
Outpatient Services (MH & SUD)	\$15 copay (office)
Partial Hospitalization	No charge
Medication Management Visit	\$15 copay
MISCELLANEOUS	
Durable Medical Equipment	100% AB
Diabetic Supplies	Covered under Prescription Drug plan
Acupuncture	\$20 copay (limited to 24 visits/benefit period)
Hearing Aids for Children and Adults (limited to one hearing aid/per ear every 36 months)	100% AB per aid/per ear; member may be balanced billed up to the total charge
Outpatient Surgery (office)	\$15 PCP / \$20 Specialist copay
Chemotherapy/Radiation Therapy (office)	\$20 copay
Renal Dialysis	No charge
Cardiac Rehab (subject to Medical Policy review)	No charge
DEPENDENT AGE LIMIT	To age 26, end of month

Medical Benefits Options

BlueChoice Triple Option Plan—Open Access—3 Health Care Plans in 1		
BlueChoice Triple Option Open Access		
Level 1 No Referrals Required	Level 2 No Referrals Required	Level 3 No Referrals Required
No charge	90% AB after deductible	80% AB after deductible
No charge	90% AB after deductible	80% AB after deductible
No charge	90% AB after deductible	80% AB after deductible
\$20 copay	\$25 copay	80% AB after deductible
No charge	100% AB	100% AB
No charge	100% AB	100% AB
No charge	90% AB after deductible	80% AB after deductible
No charge	No charge	80% AB after deductible
No charge	90% AB after deductible	80% AB after deductible
No charge	90% AB after deductible	80% AB after deductible
Not covered under Level 1	90% AB after deductible (OP Facility) \$25 copay (OP Facility Practitioner or Office)	80% AB after deductible
Not covered under Level 1	90% AB after deductible (OP Facility) \$25 copay (OP Facility Practitioner or Office)	80% AB after deductible
BLUECHOICE NETWORK	PREFERRED PROVIDER NETWORK	PARTICIPATING/ NON-PARTICIPATING
No charge	90% AB after deductible	80% AB after deductible
No charge	90% AB after deductible	80% AB after deductible
\$20 copay	\$20 copay	80% AB after deductible
No charge	100% AB	80% AB after deductible
\$20 copay	\$20 copay	80% AB after deductible
100% AB	90% AB after deductible	80% AB after deductible
Covered under Prescription Drug plan		
\$20 copay (limited to 24 visits/benefit period)	\$25 copay	80% AB after deductible
100% AB per aid/per ear; member may be balanced billed up to the total charge		
\$20 copay	\$25 copay	80% AB after deductible
\$20 copay	\$25 copay	80% AB after deductible
No charge	\$25 copay	80% AB after deductible
No charge	100% AB	80% AB after deductible
To age 26, end of month	To age 26, end of month	To age 26, end of month


AB=Allowed Benefit

Pharmacy Program Summary of Benefits

Retirees Under 65

Formulary 2 ■ 5-Tier ■ \$0 Deductible ■ \$10/25/40 ■ Specialty \$75/\$75

Plan Feature	Amount You Pay	Description
Individual Deductible	None	Your benefit does not have a deductible.
Family Deductible	None	Your benefit does not have a family deductible.
Out-of-Pocket Maximum	Individual \$6,350 Family \$12,700	If you reach your out-of-pocket maximum, CareFirst or CareFirst BlueChoice will pay 100% of the applicable allowed benefit for most covered services for the remainder of the year. All deductibles, copays, coinsurance and other eligible out-of-pocket costs count toward your out-of-pocket maximum, except balance billed amounts.
Preventive Drugs (up to a 30-day supply)	\$0	A preventive drug is a prescribed medication or item on CareFirst's Preventive Drug List.*
Generic Drugs (Tier 1) (up to a 30-day supply)	\$10	Generic drugs are covered at this copay level.
Preferred Brand Drugs (Tier 2) (up to a 30-day supply)	\$25	All preferred brand drugs are covered at this copay level.
Non-preferred Brand Drugs (Tier 3) (up to a 30-day supply)	\$40	All non-preferred brand drugs on this copay level are not on the Preferred Drug List.* Discuss using alternatives with your physician or pharmacist.
Preferred Specialty Drugs (Tier 4) (up to a 30-day supply)	\$75	You pay \$75 for all preferred specialty drugs. Must be filled through Exclusive Specialty Pharmacy Network.
Non-preferred Specialty Drugs (Tier 5) (up to a 30-day supply)	\$75	You pay \$75 for all non-preferred specialty drugs. Must be filled through Exclusive Specialty Pharmacy Network.
Maintenance Drugs (up to a 90-day supply)	Generic: \$20 Preferred Brand: \$50 Non-preferred Brand: \$75 Preferred Specialty: \$150 Non-preferred Specialty: \$150	Maintenance generic, preferred brand and non-preferred brand drugs up to a 90-day supply are available for twice the copay through Maintenance Choice at a CVS retail pharmacy or through Mail Service Pharmacy. Maintenance preferred and non-preferred specialty drugs up to a 90-day supply must be filled through Exclusive Specialty Pharmacy Network and you pay 50% coinsurance up to a maximum copay.
Refill Limit (up to a 90-day supply)	One initial fill plus one refill for long term medications at a retail pharmacy	Before you reach your 30-day fill limit and your out-of-pocket cost increases, we will contact you to help you get started with Maintenance Choice. We'll then help you get a 90-day prescription from your doctor so you can choose to fill it through Mail Service or a CVS pharmacy.
Restricted Generic Substitution	If a provider prescribes a non-preferred brand drug when a generic is available, you will pay the non-preferred brand copay or coinsurance PLUS the cost difference between the generic and brand drug up to the cost of the prescription. If a generic version is not available, you will only pay the copay or coinsurance. Also, if your prescription is written for a brand-name drug and DAW (dispense as written) is noted by your doctor, you will only pay the copay or coinsurance.	
Specialty Drugs through Prudent Rx	\$0 copay. Must be enrolled in Prudent Rx, or member will pay 30% of the cost of the medication.	



Visit carefirst.com/aacps for the most up-to-date drug lists, including the prescription guidelines. Prescription guidelines indicate drugs that require your doctor to obtain prior authorization from CareFirst before they can be filled and drugs that can be filled in limited quantities.

This plan summary is for comparison purposes only and does not create rights not given through the benefit plan.

Policy Form Numbers: MD/CFBC/RX (R. 1/18) • CFMI/RX (R. 1/18) • CFMI/Matrix/PRESC DRUG (R. 1/18) • MD/CF/RX (R. 1/18)

Pharmacy Program Summary of Benefits

Fill your maintenance drug prescriptions with Maintenance Choice

Maintenance Choice offers you options and savings when it comes to filling your maintenance medications. Maintenance medications are drugs taken regularly for an ongoing condition such as high blood pressure, diabetes, etc. With Maintenance Choice, you can get up to a three-month supply of your maintenance drugs for the cost of a two-month supply. There are two ways to save when filling your maintenance drug prescriptions.

CVS Mail Service Pharmacy

- Enjoy convenient home delivery service
- Refill your prescriptions online, by phone or email
- Check account balances and make payments through an automated phone system
- Sign up to receive email notifications of order status
- Access a consulting pharmacist by phone 24 hours a day

CVS Retail Pharmacy

- Pick up your medications at a time convenient to you
- Enjoy same-day prescription availability
- Talk with a pharmacist face-to-face

You will be allowed to fill a one-month prescription two times at any retail pharmacy as we transition to Maintenance Choice. Before you reach your fill limit, CVS/caremark* will contact you to help you get started with Maintenance Choice. We'll then help you get a new prescription from your doctor so you can choose to fill it through CVS Mail Service Pharmacy or at a retail pharmacy. For more information, call us toll-free at 800-241-3371.

If you would like...	Then...
To pick up at a CVS retail pharmacy or register for CVS Mail Service Pharmacy	<p>Please let us know.</p> <p>You can do so quickly and easily. Choose the option that works best for you:</p> <ul style="list-style-type: none">■ Go to www.carefirst.com/aacps and log into <i>My Account</i> from your computer, tablet or smartphone. Click on <i>My Coverage</i>, select <i>Drug and Pharmacy Resources</i>, select <i>My Drug Home and Order Prescriptions</i> to select a CVS pharmacy location for pick up or register for CVS Mail Service Pharmacy.■ Visit your local CVS retail pharmacy and talk to the pharmacist■ Call us toll-free using the number on the back of your member ID card, and we'll handle the rest
To continue with CVS Mail Service Pharmacy	<p>You don't have to do anything.</p> <p>We'll continue to send your medications to your location of choice.</p>

*CVS/caremark is an independent company that provides pharmacy benefit management services.

Specialty Pharmacy Coordination Program

Personalized support, and services for managing complex health conditions

As costly as specialty drugs can be, the outcomes can dramatically improve the quality of your life. Yet, the effectiveness of your medications depends mostly on whether you are taking them as prescribed.

The Specialty Pharmacy Coordination Program provides specialty drug management by coordinating your care as part of a comprehensive plan monitored closely by qualified professionals. Selecting the right pharmacy within a network is an important way to avoid breakdowns and improve consistency of your care. CVS Specialty Pharmacy can ship specialty drugs to your home or to a retail CVS Pharmacy for you to pick up.

To help you achieve the best possible health outcomes, the following services are available:

- One-on-one support from a registered nurse specializing in your specific condition
- Comprehensive assessment when you start the program
- Dedicated clinical team who coordinates care with your doctor
- Drug interaction review
- Drug and condition-specific education and counseling on medication adherence, side effects and safety
- Refill reminders
- 24-hour pharmacist assistance

The program addresses the unique clinical needs for the following conditions:

Crohn's Disease, Cystic Fibrosis, Hemophilia, Hereditary Angioedema, Multiple Sclerosis, Oncology, Rheumatoid Arthritis, Ulcerative Colitis and select IVIG conditions.

Ways to Save with Generic Drugs

Take control & save on your drug costs

You can save money on prescription drugs by switching to generics. Generic drugs are proven to be just as safe and effective as their brand-name counterparts. The difference? Name and price.

What are generics?

- Generics work the same as brand-name drugs, but cost much less.
- A generic drug is essentially a copy of a brand-name drug. It contains the same active ingredients and is identical in dosage, safety, strength, how it's taken, quality, performance and intended use.
- Generic drugs are approved by the U.S. Food and Drug Administration (FDA).
- Generic drugs are manufactured in facilities that are required to meet the same FDA standards of good manufacturing practices as brand-name products.¹

Save by using generic drugs

- Generic drugs are less expensive than brand-name medications.
- A study by the FDA concluded that consumers who are able to replace all their branded prescriptions with generics can save up to 52% on their daily drug costs.²

FDA-approved generic drugs account for 90% of the prescriptions dispensed in the U.S. Having more generic drugs available reduces health care costs which increases access to medications and helps prevent shortages.

Here's an example of how much you could save by switching to a generic alternative.

Brand name	Generic name	Average monthly cost* of brand	Average monthly cost* of generic	Monthly savings if using generic
Ambien (10mg)	Zolpidem Tartrate	\$474	\$1	\$473
Coumadin (2mg)	Warfarin Sodium	\$169	\$8	\$161
Singulair (10mg)	Montelukast Sodium	\$200	\$6	\$194

* Costs based on CareFirst BlueCross BlueShield November 2018–April 2019 claims at CVS pharmacies and rounded to the nearest dollar.

¹ FDA, Safety, Efficacy, and Quality Remain Top Priorities as We Continue Our Work to Expand Access to Cost-Saving Generic Drugs for the American Public, <https://www.fda.gov/news-events/fda-voices-perspectives-fda-leadership-and-experts/safety-efficacy-and-quality-remain-top-priorities-we-continue-our-work-expand-access-cost-saving>, accessed September 16, 2019.

² FDA, Savings from Generic Drugs Purchased at Retail Pharmacies, <https://www.fda.gov/drugs/resourcesforyou/ucm134205.htm>, accessed September 16, 2019.



How do I switch to a generic drug?

You can ask your doctor or pharmacist if any of the prescription medications you are currently taking can be filled with a generic alternative. To find out if there are lower cost drugs available, including generics, which can be used to treat your condition:

- Visit the Drug Search section on carefirst.com/rxgroup and review the Preferred Drug List for your formulary.
- Print the list and take it with you to your doctor.
- Ask your doctor if a generic drug could work for you.

How we help you save

To help you get the most savings, our pharmacy benefit manager notifies members by mail about opportunities to save with generic drugs.

- If you fill a prescription for a non-preferred brand drug you will receive a personalized letter from CVS Caremark* with available lower-cost generic alternative options plus steps for changing to a generic alternative.
- Plus, a letter will be enclosed that you can take to your doctor on your next visit.

*CVS Caremark is an independent company that provides pharmacy benefit management services.

Mail Service Pharmacy

Reliable. Fast. Convenient.

Take advantage of CVS Caremark Mail Service Pharmacy, a fast and accurate home delivery service that offers a way for you to save both time and money on your long-term (maintenance) prescriptions.*

As a CareFirst BlueCross BlueShield or CareFirst BlueChoice, Inc. (CareFirst) member, once you register for Mail Service Pharmacy you'll be able to:

- Refill prescriptions online, by phone or by email
- Schedule automatic refills
- Choose your delivery location
- Consult a pharmacist by phone 24/7
- Receive email notification of order status
- Choose from multiple payment options

It's easy to register for mail service

Choose one of the following three ways:



Online

Go to carefirst.com/myaccount and log in. Under the *Coverage* tab, select *Drug and Pharmacy Resources*, and select *Request a New Mail Order Prescription*. Once you've entered your prescription information, we will contact your doctor to request up to a 90-day supply of your medication.



By phone

Call the toll-free phone number on the back of your member ID card. Our Customer Care representatives can walk you through the process.



By mail

If you already have your prescription, you can send it to us with a completed *Mail Service Pharmacy Order Form*. Log in to My Account and select the *Coverage* tab, then choose *Drug and Pharmacy Resources*. Scroll to the bottom of the page and click on *My Drug Forms*. Mailing instructions are included on the form.

* Maintenance medications are used to treat chronic, long-term conditions, such as high blood pressure or diabetes, and are taken on a regular, recurring basis.

Preferred Dental

Includes access to a National Provider Network

CareFirst BlueCross BlueShield (CareFirst) and CareFirst BlueChoice, Inc. (CareFirst BlueChoice)¹ offer Preferred (PPO) Dental coverage, which allows you the freedom to see any dentist you choose.

Advantages of the plan

- **Freedom of choice, freedom to save**—With Preferred Dental coverage, you can see any dentist you choose. However, this plan also gives you the option to reduce your out-of-pocket expenses by visiting a dentist who participates in our Preferred Provider network. It's your choice!
- **Comprehensive coverage**—Benefits include regular preventive care, X-rays, dental surgery and more. A summary of your benefits is available on the following page. (Additional coverage for orthodontia is included for children and adults.)
- **Nationwide access to participating dentists**—You have access to one of the nation's largest dental networks, with more than 95,000 participating dentists throughout the United States. Preferred Dental gives you coverage for the dental services you need, whenever and wherever you need them.

Three options for care

- **Option 1**—By choosing a dentist in the Preferred Provider Network, you incur the lowest out-of-pocket costs. These dentists accept CareFirst's allowed benefit as payment in full, which means no balance billing for you. You are just responsible for deductibles and coinsurance.
- **Option 2**—You can receive out-of-network coverage from a dentist who participates with CareFirst, but not through the Preferred Provider Network. Similar to Option 1, there is no balance billing. You are responsible for deductibles and coinsurance, and also have the convenience of your provider being reimbursed directly.

- **Option 3**—You can receive out-of-network coverage from a dentist who has no relationship with CareFirst. With this option, you may experience higher out-of-pocket costs since you pay your provider directly. You can be balance billed and must pay your deductible and coinsurance as well.

Frequently asked questions

How do I find a preferred dentist?

You can access an online directory 24 hours a day at [carefirst.com/aacps](https://www.carefirst.com/aacps). Click on the *Dental* tab, followed by *Preferred Dental (PPO)*.

How much will I have to pay for dental services?

The chart on the following page gives you an overview of many of the covered services along with the percentage of what you will pay for each class of services, both in and out-of-network.

Is there a lot of paperwork?

There is no paperwork when you see a participating dentist, you are free from filing claims. However, if you use a non-participating dentist, you may be required to pay all costs at the time of care, and then submit a claim form in order to be reimbursed for covered services.

Who can I call with questions about my dental plan?

Call Dental Customer Service toll free at: (866) 891-2802 between 8:30 am and 5:00 pm ET, Monday–Friday.

¹ The CareFirst BlueChoice Dental Plan is offered in conjunction with Group Hospitalization and Medical Services, Inc., doing business as CareFirst BlueCross BlueShield, which contracts with participating dentists and provides claims processing and administrative services under the Dental Plan.

Traditional Dental

Includes access to a National Provider Network

CareFirst BlueCross BlueShield (CareFirst) and CareFirst BlueChoice, Inc. (CareFirst BlueChoice)¹ offer Traditional Dental coverage, which allows you the freedom to see any dentist you choose.

Advantages of the plan

- **Freedom of choice, freedom to save**—With Traditional Dental coverage, you can see any dentist you choose. However, this plan also gives you the option to reduce your out-of-pocket expenses by visiting a dentist who participates in our Traditional Provider network. It's your choice!
- **Comprehensive coverage**—Benefits include regular preventive care, X-rays, dental surgery and more. A summary of your benefits is available on the following page. (Additional coverage for orthodontia is included for children and adults.)
- **Nationwide access to participating dentists**—You have access to one of the nation's largest dental networks, with more than 95,000 participating dentists throughout the United States. Traditional Dental gives you coverage for the dental services you need, whenever and wherever you need them.
- **Opportunity to reduce costs**—If you see a participating dentist, you will incur lower out-of-pocket costs for all dental services and you will have no claim forms to file. Participating dentists have agreed to accept CareFirst's allowed benefit as payment in full for covered services. Once you meet your deductible and coinsurance, you won't have any additional expenses. You will not be balance billed!
- **Out-of-network benefit**—You can receive care from a non-participating dentist and have the same level of coverage; however, you may be subject to higher out-of-pocket costs and balance billing.

Frequently asked questions

How do I find a traditional dentist?

You can access an online directory 24 hours a day at carefirst.com/aacps. Click on the *Dental* tab, followed by *Traditional Dental (PPO)*.

How much will I have to pay for dental services?

The chart on the following page gives you an overview of many of the covered services along with the percentage of what you will pay for each class of services, both in and out-of-network.

Is there a lot of paperwork?

There is no paperwork when you see a participating dentist, you are free from filing claims. However, if you use a non-participating dentist, you may be required to pay all costs at the time of care, and then submit a claim form in order to be reimbursed for covered services.

Who can I call with questions about my dental plan?

Call Dental Customer Service toll free at: (866) 891-2802 between 8:30 am and 5:00 pm ET, Monday-Friday.

Dental Options

Active Employees and Retirees Under 65

	CareFirst Traditional	CareFirst PPO		Concordia Plus DHMO MD/DC2560*
Benefits		In-Network	Out-of-Network	In-Network
	Plan Pays	Plan Pays	Plan Pays	Plan Pays
Oral Examination	100% of AB	100% of AB	80% of AB	\$5 copay
Routine Cleaning	100% of AB	100% of AB	80% of AB	100%
Sealants (limited to permanent molars—until end of year in which a member turns 19)	100% of AB	100% of AB	80% of AB	100%
Bitewing X-ray	100% of AB	100% of AB	80% of AB	100%
Palliative Treatment	100% of AB	100% of AB	80% of AB	95%
Other X-rays as required	100% of AB	100% of AB	80% of AB	100%
Space Maintainers	100% of AB	100% of AB	80% of AB	95%
Fillings	100% of AB	80% of AB	60% of AB**	100%
Simple Extractions	100% of AB	80% of AB	60% of AB**	75%-85%
Pulpotomy	100% of AB	80% of AB	60% of AB**	75%-80%
Direct Pulp Caps	100% of AB	80% of AB	60% of AB**	75%-80%
Root Canals	100% of AB	80% of AB	60% of AB**	75%-80%
Apicoectomy	80% of AB**	80% of AB	60% of AB**	75%-80%
Oral Surgical Services	80% of AB**	80% of AB	60% of AB**	75%-85%
Surgical Extractions	80% of AB**	80% of AB	60% of AB**	75%-85%
Oral Surgery	80% of AB**	80% of AB	60% of AB**	75%-85%
General Anesthesia	80% of AB**	80% of AB	60% of AB**	See note 1
Periodontics	50% of AB**	80% of AB	60% of AB**	50%-65%
Crown	80% of AB**	80% of AB	60% of AB**	60%-80%
Prosthetic Appliances (including implants)	50% of AB	80% of AB	60% of AB**	60%-80% Implants not covered
Orthodontics Children and Adults	50% of AB	50% of AB	35% of AB	See note 3
Annual Deductible	\$25 Ind./\$50 Family	None	\$50 Ind./\$150 Family	None
Annual Benefit Maximum	\$1,500		\$1,500	None/See note 2
Ortho Lifetime Maximum	\$1,500		\$1,500	See note 3

(AB Allowed Benefit)

Under the Concordia Plus DHMO (MD/DC2560*) Plan, out-of-network services are reimbursed up to a maximum amount, based on the fee schedule provided by United Concordia.

* The above DHMO Plan percentages are approximate and used for comparison purposes only. Please refer to the United Concordia (UCCI) Schedule of Benefits for actual copayment amounts. All coverage is subject to the Plan's exclusions and limitations.

** After Deductible

Note 1—General Anesthesia is considered integral to other procedures under this plan and is not covered separately.

Note 2—No annual maximum for in-network services. United Concordia will reimburse up to a maximum of \$1,000 per family member per contract year for out-of-network services.

Note 3—After \$2,900 member copayment satisfied, benefits applicable to in-network services; provider should submit pre-treatment estimate. United Concordia will not reimburse covered members for any orthodontic services performed out-of-network.

This is to be used as a guide. Actual benefits will be governed by the terms and conditions of the contract between CareFirst BlueCross BlueShield and Anne Arundel County Public Schools. Some limits may apply.

Vision Program

Making vision care more affordable

Vision is one of our most valued assets. Everyone should take precautions to protect this priceless gift. Some vision problems, such as glaucoma, can only be detected through regular, professional vision exams. Without proper care, these problems can gradually grow worse.

An important asset

The CareFirst BlueCross BlueShield Vision plan can make a difference. It makes vision care more affordable, and it encourages people to follow a routine of preventive care for their eyes.

An affordable option

Vision care is one of the least expensive health care benefits you can purchase. It is also one of the first optional benefits chosen by employees when it is offered.

Your Vision plan helps you commit to routine eye exams and preventive care that help detect small problems before they become serious and costly. Your Vision plan provides benefits for:

- Comprehensive vision examinations
- Lenses and frames or contact lenses

A name you can trust

CareFirst BlueCross BlueShield is one of the largest health insurers in Maryland. You will be pleased that you have chosen CareFirst BlueCross BlueShield to provide such an important and valuable benefit program.

Freedom of choice

You can choose any licensed vision care provider—within the Davis Vision network along with the Select Vision network. You have complete freedom to choose your own ophthalmologists, optometrists, and opticians. You may choose to see your current provider, a provider convenient to work or home, or take the recommendations of others.

Easy to use

Our Vision plan is as easy to use as it is effective. You simply show your CareFirst BlueCross BlueShield membership card to participating providers at the time of service. The participating provider will bill us and we pay them directly for their services. You don't have any paperwork or claims to file.

If you choose a non-participating provider for your care, you must pay the provider. We will reimburse you up to the limits of your vision plan.

Visit carefirst.com/aacps to find participating Davis Vision and Select Vision providers. To find a Davis Vision provider, click on the drop down box and choose *BlueVision*, *BlueVision Plus*, *Pediatric Vision* (Davis Vision). To find a Select Vision provider, choose *Select Vision*.

What is not covered under Select Vision

- Sunglasses (lenses darker than tint 2), even if prescribed.
- Replacement, within the same benefit period, of lost or damaged frames or lenses (including contacts) for which benefits were provided.
- Exams or materials furnished after the member's coverage is terminated (unless lenses and frames or contact lenses are ordered prior to the termination date and received within 30 days after the date of the order).
- Separate exam for contact lens fitting.

Need more information? Please visit carefirst.com/aacps or call 800-783-5602.

Summary of Benefits: Select Vision/BlueVision Plus

	Select Vision (includes in- & out-of-network benefits) Plan Pays	BlueVision Plus You Pay
Network	Select Vision	Davis Vision*
Routine Eye Exam	100% of Allowed Benefit	No Copay
Frames	\$45.00	Plan pays up to \$45 or up to \$95 at Visionworks (plus 20% discount on balance with all Davis Vision Providers)
Single Vision Lenses	\$52.00	No Copay
Bifocal Lenses	\$82.00	No Copay for lined bifocals
Trifocal Lenses	\$101.00	No Copay for lined trifocals
Contact Lenses (Instead of Glasses—Cosmetic)	\$97.00	Plan pays up to \$97
Contact Lenses (Medically Indicated**)	\$352.00	Plan pays up to \$352
ADDITIONAL LENS OPTIONS¹		
Tinting of Plastic Lenses (Solid/Gradient)	N/A	\$15
Scratch-Resistant Coating	N/A	Covered \$0/\$35
Polycarbonate Lenses (Children***/Adults)	N/A	Covered \$0/\$35
Ultraviolet Coating	N/A	\$15
Blue Light Filtering	N/A	\$15
Anti-Reflective Coating (Standard/Premium/Ultra/ Ultimate)	N/A	\$40/\$55/\$69/\$85
Progressive Lenses (Standard/Premium/Ultra/ Ultimate)	N/A	\$65/\$105/\$140/\$175
High-Index Lenses (1.67/1.74)	N/A	\$60/\$120
Polarized Lenses	N/A	\$75
Plastic Photochromic Lenses	N/A	\$70
Scratch Protection Plan (Single Vision, Multifocal Lenses)	N/A	\$20 I \$40
Blended Segment Lenses	N/A	\$20
Photochromic Lenses	N/A	\$20
Oversized Lenses	N/A	Covered

* The Davis Vision Network has 121,000+ providers nationwide including Retailers (Walmart, Sam's Club, Costco, Vision Works, Target, JC Penney, My Eye Dr., Pearle Vision, Warby Parker and America's Best). Also 1-800-CONTACTS and glasses.com.

** Following cataract surgery or when visual acuity is correctable to at least 20/70 in the better eye only by use of contact lenses.

*** Polycarbonate lenses are covered for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.

¹ These services or supplies are not considered covered benefits under the Plan. This portion of the Plan is not an insurance product. As of 4/1/14, some providers in Maryland and Virginia may no longer provide these discounts.

BlueVision Plus Exclusions

The following services are excluded from coverage:

1. Diagnostic services, except as listed in What's Covered under the Evidence of Coverage.
2. Medical care or surgery. Covered services related to medical conditions of the eye may be covered under the Evidence of Coverage.
3. Prescription drugs obtained and self-administered by the Member for outpatient use unless the prescription drug is specifically covered under the Evidence of Coverage or a rider or endorsement purchased by your Group and attached to the Evidence of Coverage.
4. Services or supplies not specifically approved by the Vision Care Designee where required in What's Covered under the Evidence of Coverage.
5. Orthoptics, vision training and low vision aids.
6. Replacement, within the same benefit period of frames, lenses or contact lenses that were lost.
7. Non-prescription glasses, sunglasses or contact lenses.
8. Vision Care services for cosmetic use.

Please note: Not all services are covered by your benefits contract. This plan summary is for comparison purposes only and does not create rights not given through the benefit plan. All benefits are subject to the provisions stipulated in the CareFirst BlueCross BlueShield Vision contract. CareFirst BlueCross BlueShield does not warrant the quality of vision services or materials.

BlueVision (Davis Vision)

A plan for healthy eyes, healthy lives

Professional vision services including routine eye examinations, eyeglasses and contact lenses offered by CareFirst BlueChoice, through the Davis Vision, Inc. national network of providers.

How the plan works

How do I find a provider?

To find a provider, go to carefirst.com/aacps and utilize the Find a Provider feature or call Davis Vision at **800-783-5602** for a list of network providers closest to you. Be sure to ask your provider if he or she participates with the Davis Vision network before you receive care.

How do I receive care from a network provider?

Simply call your provider and schedule an appointment. Identify yourself as a CareFirst BlueChoice member and provide the doctor with your identification number, as well as your date of birth. Then go to the provider to receive your service. There are no claim forms to file.

Can I get contacts and eyeglasses in the same benefit period?

With BlueVision, you receive one pair of eyeglasses or a supply of contact lenses per benefit period at a discounted price.¹

Mail order replacement contact lenses

DavisVisionContacts.com offers members the flexibility to shop for replacement contact lenses online after benefits are spent. This website offers a wide array of contact lenses, easy, convenient purchasing online and quick shipping direct to your door.



Need more information?

Please visit carefirst.com/aacps or call **800-783-5602**.

Summary of Benefits

(12-month benefit period)

In-Network	You Pay
EYE EXAMINATIONS¹	
Routine Eye Examination with dilation (per benefit period)	\$10
FRAMES^{1,2}	
Priced up to \$70 retail	\$40
Priced above \$70 retail	\$40, plus 90% of the amount over \$70
SPECTACLE LENSES²	
Single Vision	\$35
Bifocal	\$55
Trifocal	\$65
Lenticular	\$110
LENS OPTIONS^{2,3} (add to spectacle lens prices above)	
Standard Progressive Lenses	\$75
Premium Progressive Lenses (Varilux®, etc.)	\$125
Ultra Progressive Lenses (digital)	\$140
Polarized Lenses	\$75
High Index Lenses	\$55
Glass Lenses	\$18
Polycarbonate Lenses	\$30
Blended Invisible Bifocals	\$20
Intermediate Vision Lenses	\$30
Photochromic Lenses	\$35
Scratch-Resistant Coating	\$20
Standard Anti-Reflective Coating	\$45
Ultraviolet (UV) Coating	\$15
Solid Tint	\$10
Gradient Tint	\$12
Plastic Photosensitive Lenses	\$65
CONTACT LENSES^{1,2}	
Contact Lens Evaluation and Fitting	85% of retail price
Conventional	80% of retail price
Disposable/Planned Replacement	90% of retail price
DavisVisionContacts.com Mail Order Contact Lens Replacement Online	Discounted prices
LASER VISION CORRECTION²	Up to 25% off allowed amount or 5% off any advertised special ⁴

¹ At certain retail locations, members receive comparable value through their everyday low price on examination, frame and contact lens purchase.

² CareFirst BlueChoice does not underwrite lenses, frames and contact lenses in this program. This portion of the Plan is not an insurance product. As of 4/1/14, some providers in Maryland and Virginia may no longer provide these discounts.

³ Special lens designs, materials, powers and frames may require additional cost.

⁴ Some providers have flat fees that are equivalent to these discounts.

Exclusions

The following services are excluded from coverage:

1. Diagnostic services, except as listed in What's Covered under the Evidence of Coverage.
2. Medical care or surgery. Covered services related to medical conditions of the eye may be covered under the Evidence of Coverage.
3. Prescription drugs obtained and self-administered by the Member for outpatient use unless the prescription drug is specifically covered under the Evidence of Coverage or a rider or endorsement purchased by your Group and attached to the Evidence of Coverage.
4. Services or supplies not specifically approved by the Vision Care Designee where required in What's Covered under the Evidence of Coverage.
5. Orthoptics, vision training and low vision aids.
6. Glasses, sunglasses or contact lenses.
7. Vision Care services for cosmetic use.
8. Services obtained from Non-Contracting Providers.

For BlueChoice Opt-Out Plus members, Vision Care benefits are not available under the Out-of-Network Evidence of Coverage.

Exclusions apply to the Routine Eye Examination portion of your vision coverage. Discounts on materials such as glasses and contacts may still apply.

Benefits issued under policy form numbers: MD/BC-OOP/VISION (R. 6/04) • DC/BC-OOP/VISION (R. 6/04) • VA/BC-OOP/VISION (R. 6/04)

Manage Your Healthcare with My Account

As a CareFirst BlueCross BlueShield (CareFirst) member, your personalized benefit information is available 24/7. Register for My Account for secure online access to your coverage details, ID card and more. Plus, you'll also be able to quickly locate in-network providers and facilities nationwide.



Scan the QR code
or visit [carefirst.com/
myaccount](https://carefirst.com/myaccount) to register.

Get started

Members 12 years of age and older may register for My Account. Have your member ID or, the last four digits of your social security number. Signing up is easy and only takes a few minutes.

Complete a few more steps and you're ready to access your personalized member portal.

Already registered?

Explore the features My Account offers on the next page.

CareFirst

Need Assistance | Already registered? [Log In](#)

Account Registration

1 Account Lookup
2 Contact Information
3 Create Your Account
4 Create Your Password
5 Terms of Use & E-Consent

Let's Find Your Account

Select your Plan Type

Member ID or Social Security Number

Date of Birth

MM/DD/YYYY

Having trouble finding your Member ID?

[Next](#)

CareFirst

Need Assistance | Already registered? [Log In](#)

Account Registration

1 Account Lookup
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Let's Find Your Account

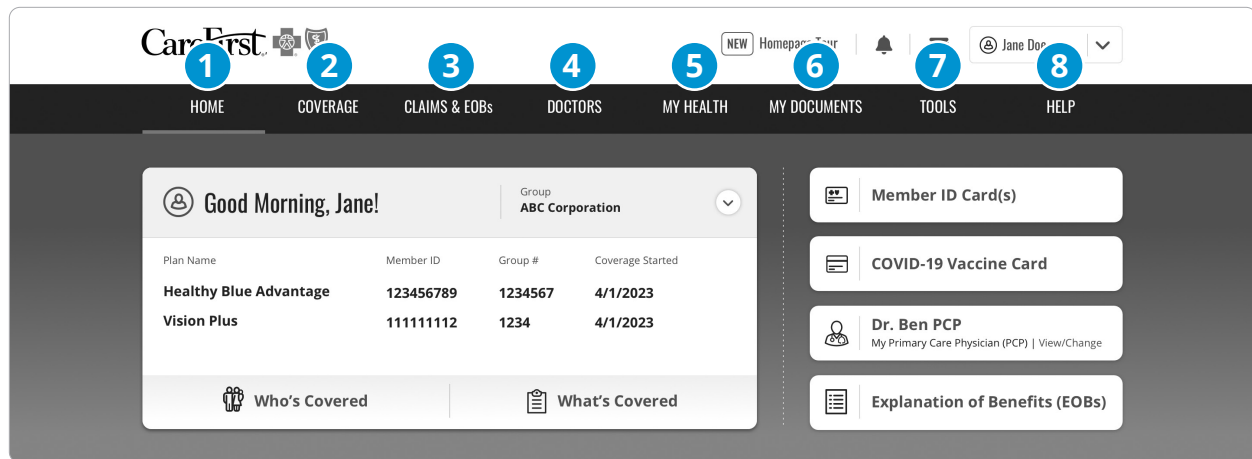
Select your Plan Type

Employer Sponsored
If you're enrolled in a CareFirst health plan at work, select the plan.

Individual
If you purchased your own health coverage through CareFirst (not an employer), select this plan.

Student
Access your coverage with CareFirst through your college or university here.

Wellness
Access your employer sponsored CareFirst wellness program here.



My Account at a glance

1 Home

- Quickly view plan information including effective date, copays, deductible, out-of-pocket status and recent claims activity
- Manage your personal profile details including password, username and email, or choose to receive materials electronically
- Send a secure message via the *Message Center*
- Check *Alerts* for important notifications

2 Coverage

- Access your plan information—plus, see who is covered
- Update your other health insurance information, if applicable
- View, order or print member ID cards
- Review the status of your health expense account (HSA or FSA)¹
- Order and refill prescriptions
- View prescription drug claims

3 Claims & EOBs

- Check your claims activity, status and history
- Review your Explanation of Benefits (EOBs)
- Track your remaining deductible and out-of-pocket total
- Submit out-of-network claims
- Review your year-end claims summary

4 Doctors

- Find in-network providers and facilities nationwide, including specialists, urgent care centers and labs
- Select or change your primary care provider (PCP)
- Locate nearby pharmacies

5 My Health

- Access health and wellness discounts through Blue365
- Learn about your wellness program options¹
- Track your Blue Rewards progress¹

6 My Documents

- Look up plan forms and documents²
- Download *Vitality*, your annual member resource guide

7 Tools

- Access the Treatment Cost Estimator to calculate costs for services and procedures³
- Use the Drug Pricing Tool to determine prescription costs

8 Help

- Find answers to many frequently asked questions
- Send a secure message
- Locate important phone numbers

¹ Only if offered by your plan.

² Only available when using a computer.

³ The doctors accessed via this website are independent providers making their own medical determinations and are not employed by CareFirst. CareFirst does not direct the action of participating providers or provide medical advice.

Mental Health Support

Well-being for mind and body

Living your best life means taking care of your body *and* your mind. Emotional well-being is important at every stage in life, from adolescence through adulthood.

When mental health difficulties arise for you or a loved one, remember you're not alone. Help is available and feeling better is possible.

CareFirst BlueCross BlueShield (CareFirst) is here to help. Members have access to specialized services and programs for depression, anxiety, substance use disorders, and more. Our support team is made up of specially trained service representatives, registered nurses, licensed clinicians and care managers ready to:

- Help you find the right mental health provider(s) and schedule appointments
- Connect you with a care coordinator who will work with your doctor to create a tailored action plan
- Find support groups and resources to help you stay on track



To find help, call us at 800-245-7013.



CareFirst WellBeing

Putting the power of health in your hands

Welcome to CareFirst WellBeingSM—your personalized digital connection to your healthiest life. Catering to your unique health and wellness goals, CareFirst WellBeing offers motivating digital resources accessible anytime, plus specialized programs for extra support.

Ready to take charge of your health?

Find out if your healthy habits are truly making an impact by taking the RealAge[®] health assessment! In just a few minutes, RealAge will help you determine the physical age of your body compared to your calendar age. You'll discover the lifestyle behaviors helping you stay younger or making you age faster and receive insightful recommendations based on your results.

Exclusive features

Our well-being program is full of resources and tools that reflect your own preferences and interests. You get:

- **Trackers:** Connect your wearable devices or enter your own data to monitor daily habits like sleep, steps, nutrition and more.
- **A personalized health timeline:** Receive content and programs tailored to you.
- **Challenges:** Stay motivated by joining a challenge to make achieving your health goals more entertaining.
- **Inspirations:** Break free from stress, unwind at the end of the day or ease into a restful night of sleep with meditation, streaming music and videos.



Download the mobile app to access well-being tools and resources whenever and wherever you want.

Specialized programs

The following programs can help you focus on specific wellness goals. For more information about any of these programs, please call well-being support at 877-260-3253.

Health coaching

Coaches are registered nurses and trained professionals who provide one-on-one support to help you reach your wellness goals. If you are interested in health coaching or are contacted, we encourage you to take advantage of this voluntary and confidential program that can help you achieve your best possible health.

Weight management program

Improve your overall health, reach a healthier weight and reduce your risk for pre-diabetes and associated chronic diseases.

Tobacco cessation program

Quitting smoking and other forms of tobacco can lower your risk for many serious conditions from heart disease and stroke to lung cancer. Our program's expert guidance, support and online tools make quitting easier than you might think.

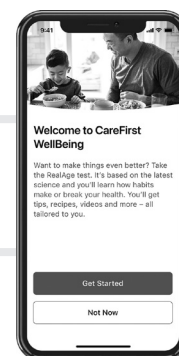
Financial well-being program

Learn how to take small steps toward big improvements in your financial situation. Whether you want to stop living paycheck to paycheck, get out of debt, or send a child to college, our financial well-being program can help.

Additional offerings

- **Wellness discount program**—Sign up for Blue365 at carefirst.com/wellnessdiscounts to receive special offers from top national and local retailers on fitness gear, gym memberships, healthy eating options and more.
- **Vitality magazine**—Read our member magazine which includes important plan information at carefirst.com/vitality.
- **Health education**—View our health library for more health and well-being information at carefirst.com/livinghealthy.

To start exploring the program, visit carefirst.com/wellbeing to download the CareFirst WellBeing app and register for your account.



Preventive Service Guidelines for Adults

To stay healthy, adults need preventive check-ups. These guidelines* describe recommended preventive services that most adults need. Depending on your personal health care needs or risk factors, your doctor may give you a different schedule. If you think you may be at risk for a particular condition, talk to your doctor.

To verify your benefits, check your benefits contract, your enrollment materials or log in to *My Account* at carefirst.com/myaccount.

Counseling and education

Depending on the patient's age, health care providers will discuss one or more of these topics or provide screenings during exams:

- Drug and alcohol use
- Tobacco use
- Harmful effects of smoking on children's health
- Physical activity and diet, including recommended changes
- Injury prevention
- Dental health
- Hepatitis A, B and C
- Sexual behavior
- Sexually transmitted diseases
- Use of alternative medicines and therapies
- Tuberculosis (TB)
- Domestic violence
- Aspirin therapy
- Sleep patterns
- Sun safety/skin cancer prevention

Screenings for men and women ages 21 & older

- **Medical history and physical exam:** At the advice of the doctor
- **Height:** At least once with follow-up as needed
- **Weight:** Screen all adults for obesity; body mass index (BMI) recommended at least every two years
- **Blood pressure:**
 - At least every 2 years if blood pressure is less than 120/80
 - Every year if systolic measure (top number) is 120–139 or diastolic measure (bottom number) is 80–90
- **Cholesterol:** Every 5 years for men and women ages 20 and older
- **Diabetes:** Every 3 years for patients with any of these risk factors:
 - Overweight (BMI greater than or equal to 25)
 - Family history of diabetes
 - High blood pressure
 - High cholesterol
 - High blood sugar
 - History of vascular disease
- Inactivity
- African American, Latino, Native American, Asian American or Pacific Islander race/ethnicity
- **COPD:** Spirometry for patients with dyspnea, chronic cough/sputum production and history of risk factors
- **Colorectal cancer:** Ages 45–75 with average risk. The decision to screen before or after this age range should be between you and your doctor. Discuss the possible benefits and harm of screening and treatment with your doctor. The options for colorectal cancer screening are:
 - Fecal immunochemical test annually
 - High-sensitivity, guaiac-based fecal occult blood test annually
 - Multitarget stool DNA test every 3 years
 - Colonoscopy every 10 years
 - Computed tomography colonography every 5 years
 - Flexible sigmoidoscopy every 5 years

* Guidelines are adapted from a variety of sources including: United States Preventive Services Task Force; American Diabetes Association; American Cancer Society, and National Comprehensive Cancer Network.

Preventive Service Guidelines for Adults

- **Depression:** Screen men and women every year
- **Hepatitis B:** For men and women at increased risk for infection
- **Hepatitis C:** At least once for those born between 1945 and 1965
- **Human immunodeficiency virus (HIV):** For men and women at increased risk for HIV infection
- **Syphilis:** For men and women at increased risk for syphilis infection

Screenings for women only

- **Breast cancer:** Routine screening every 2 years for women aged 50 to 74 years. The decision to start screening before the age of 50 should be between you and your doctor. Discuss the possible benefits and harm of screening and treatment with your doctor.
- **Hereditary breast and ovarian cancer screening:** Women who carry the genes associated with increased risk (a strong family history of breast, ovarian, tubal or peritoneal cancer) should be referred for genetic counseling and evaluation for testing
- **Cervical cancer:**
 - Pap smear every 3 years for ages 21–29
 - For women ages 30 and older, Pap smear alone every 3 years OR a combination of Pap smear and HPV testing every 5 years
 - Screening is not recommended for women older than 65 who have had adequate prior screening
 - Screening is not suggested for women who have had a hysterectomy with removal of the cervix

- **Chlamydia:** For sexually active women ages 25 and younger who are not pregnant; the doctor may advise the test for women older than age 25
- **Cystic Fibrosis carrier screening:** For women of child-bearing age, preferably before conception
- **Osteoporosis:**
 - Begin at age 65 or older for women at average risk. Women at greater risk should be screened at an earlier age.
 - Counseling for women ages 21 and older to get enough calcium
- **Menopause counseling:** Women who are of menopausal age should be counseled about menopause, risks and benefits of estrogen replacement, treatment and lifestyle changes
- **Screening pelvic exam:** Is not recommended for women with no symptoms and who are not pregnant. The decision not to have this exam should be between you and your doctor. Discuss the benefits and harm with your doctor.

Screenings for men only

- **Prostate cancer:** Discuss the possible benefits and harm of screening and treatment with your doctor
- **Aortic abdominal aneurysm:** One-time ultrasonography for men ages 65 to 75 who smoke or have smoked
- **Osteoporosis:** Periodic screenings for older men with risk factors



Find more information about adult immunizations, visit carefirst.com/prevention and click on the *Adults* link under *Shots*.

Preventive Service Guidelines for Children



To stay healthy, children need routine shots and preventive check-ups. These guidelines* describe recommended preventive services that most children need. Depending on your child's personal health care needs or risk factors, your doctor may give you a different schedule. If you think your child may be at risk for a particular condition, talk to your doctor.

To verify your benefits, check your benefits contract, your enrollment materials or log in to My Account at carefirst.com/myaccount.

Counseling and screenings

Your health care provider should discuss these topics at every exam, depending on your child's age:

- Injury prevention
- Diet and exercise
- Tobacco, drug and alcohol use
- Smoking
- Dental health: Check-ups twice a year, beginning at 12 months
- Sexual behavior
- Depression
- Domestic violence
- Use of alternative medicine and therapies
- Sun safety/skin cancer prevention
- Fluoride supplementation

Birth to 24 months

- **Medical history and exam:** At birth to 1 month and at 2, 4, 6, 9, 12, 15, 18 and 24 months
- **Height, weight, hearing, vision, head measurement, body mass index (BMI) percentile, and assessment of growth, development and behavior:** Each visit
- **Congenital heart disease:** After 24 hours of age before discharge from the hospital
- **Congenital hypothyroidism:** 2–4 days of age
- **Tests required by state law:** By 1 month
- **Tuberculosis:** Assess risk at 1, 6, 12 and 24 months. Testing should be performed on recognition of high risk factors
- **Bilirubin screening:** First newborn visit
- **Lead poisoning:** Assess risk at 6, 9, 12, 18 and 24 months. Perform blood test at 12 and 24 months in high prevalence areas
- **Anemia:** Assess risk at 4, 12, 15, 18 and 24 months. Perform blood test at 12 months
- **Autism screening:** At 18 month visit and 24 month visit
- **Sexually transmitted disease:** HIV test for infants born to mothers whose HIV status is unknown
- **Sickle Cell Disease:** Once between 9–12 months
- **Nutrition counseling:** From birth to 21 months, check the baby's eating habits

Remember to use firm bedding and place healthy babies on their backs to sleep.



Find out when your child's shots are due at: carefirst.com/prevention.
For more information about health and wellness, visit carefirst.com/livinghealthy.

* Guidelines are adapted from a variety of sources including: American Academy of Pediatrics; American Academy of Family Physicians; Centers for Disease Control and Prevention, and United States Preventive Services Task Force.

Ages 2 to 10

- **Medical history and exam:** Ages 2, 2½, 3, 4, 5, 6, 7, 8, 9 and 10
- **Height, weight, hearing, vision, and assessment of growth, development and behavior:** Each visit; BMI percentile once a year, starting at age 2
- **Head measurement:** Until age 2
- **Blood pressure:** Each visit, beginning at age 3
- **Urinalysis:** Age 5
- **Cholesterol:** Test one time between 9–11 years
- **Rubella:** Vaccination history or blood test for girls of childbearing age, beginning at age 10
- **Tuberculosis:** Assess risk annually from 2–10 years. Testing should be performed on recognition of high-risk factors
- **Anemia:** Assess risk at 24 months, 30 months, 3 years and annually thereafter
- **Lead poisoning:** Assess risk annually between 2–6 years
- **Body Mass Index (BMI):** Screen at 24 months, 30 months, 3 years and annually thereafter
- **Diabetes:** Testing every 3 years, beginning at age 10 or at onset of puberty, whichever comes first, if these conditions apply:
 - Overweight (body mass index > 85th percentile or weight > 120% of ideal for height)
 - Family history of type 2 diabetes
 - Native American, African American, Latino, Asian American or Pacific Islander race/ethnicity

Ages 11 to 21

- **Medical history and exam:** Once a year
- **Height, weight, hearing, vision, and assessment of growth, development and behavior:** Each well visit; BMI percentile once a year
- **Blood pressure:** Each visit
- **Cholesterol:** Test one time between 17–21 years
- **Rubella:** Vaccination history or blood test for females of childbearing age
- **Anemia:** Assess risk annually. Screen females once a year after periods begin
- **Urinalysis:** Beginning at age 11, screen annually if sexually active
- **Tuberculosis:** Assess risk annually from 11–21 years. Testing should be performed on recognition of high-risk factors
- **Depression:** Screen annually between 12–21 years of age
- **Sexually transmitted diseases:** Screen if sexually active or at high risk beginning at age 11
- Screen for HIV once between 15–18 and test annually if at high risk
- **Pelvic exam:** Most women under age 21 should not be screened for cervical cancer regardless of sexual activity or other factors
- **Calcium counseling:** Beginning at age 11
- **Body Mass Index (BMI):** Screen annually between 11–21 years

Depending on your child's age and history, your doctor may screen for other high-risk conditions, including hepatitis A, B and C, chlamydia, gonorrhea and HIV.

Notice of Nondiscrimination and Availability of Language Assistance Services

(UPDATED 8/5/19)

CareFirst BlueCross BlueShield, CareFirst BlueChoice, Inc., CareFirst Diversified Benefits and all of their corporate affiliates (CareFirst) comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. CareFirst does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

CareFirst:

- Provides free aid and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, please call 855-258-6518.

If you believe CareFirst has failed to provide these services, or discriminated in another way, on the basis of race, color, national origin, age, disability or sex, you can file a grievance with our CareFirst Civil Rights Coordinator by mail, fax or email. If you need help filing a grievance, our CareFirst Civil Rights Coordinator is available to help you.

To file a grievance regarding a violation of federal civil rights, please contact the Civil Rights Coordinator as indicated below. Please do not send payments, claims issues, or other documentation to this office.

Civil Rights Coordinator, Corporate Office of Civil Rights

Mailing Address	P.O. Box 8894 Baltimore, Maryland 21224
Email Address	civilrightscoordinator@carefirst.com
Telephone Number	410-528-7820
Fax Number	410-505-2011

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst BlueChoice, Inc., The Dental Network and First Care, Inc. are independent licensees of the Blue Cross and Blue Shield Association. In the District of Columbia and Maryland, CareFirst MedPlus is the business name of First Care, Inc. In Virginia, CareFirst MedPlus is the business name of First Care, Inc. of Maryland (used in VA by: First Care, Inc.). The Blue Cross® and Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Foreign Language Assistance

Attention (English): This notice contains information about your insurance coverage. It may contain key dates and you may need to take action by certain deadlines. You have the right to get this information and assistance in your language at no cost. Members should call the phone number on the back of their member identification card. All others may call 855-258-6518 and wait through the dialogue until prompted to push 0. When an agent answers, state the language you need and you will be connected to an interpreter.

አማርኛ (Amharic) ማሳሰቢያ፡- ይህ ማስታወቂያ ስለ መደን ሽፋንዎ መረጃ ይዟል። ከተወሰኑ ቀን-ገደቦች በፊት ሊፈጽሟቸው የሚገቡ ነገሮች ሊኖሩ ስለሚችሉ እነዚህን ወሳኝ ቀናት ሊይዝ ይችላሉ። ይኸን መረጃ የማግኘት እና ያለምንም ክፍያ በቋንቋዎ እገዛ የማግኘት መብት አለዎት። አባል ከሆኑ ከመታወቂያ ካርድዎ በስተጀርባ ላይ ወደተጠቀሰው የስልክ ቁጥር መደወል ይችላሉ። አባል ካልሆኑ ደግሞ ወደ ስልክ ቁጥር 855-258-6518 ደውለው 0ን እንዲጫኑ እስኪነገርዎ ድረስ ንግግሩን መጠበቅ አለብዎ። አንድ ወኪል መልስ ሲሰጥዎ፣ የሚፈልጉትን ቋንቋ ያሳውቁ፣ ከዚያም ከተርጓሚ ጋር ይገናኛሉ።

Èdè Yorùbá (Yoruba) Ìtẹ̀lẹ̀kọ: Àkíyèsí yìí ní iwífún nípa isẹ̀ adójútofò rẹ. Ó le ní àwọn déètì pàtó o sì le ní láti gbé igbésẹ̀ ní àwọn ojò gbèdèké kan. O ni ètò láti gba iwífún yí àti irànlówó ní èdè rẹ̀ lófèfẹ̀. Àwọn ọ̀mọ-ẹ̀gbẹ̀ gbódò pe nọmbà fòdùn tò wà lẹ́yìn kààdì idánimò wọn. Àwọn mírán le pe 855-258-6518 kí o sì dúró nípasẹ̀ ijiròrò tí títí a ó fí sọ fún ọ̀ láti tẹ̀ 0. Nígbatí aṣojú kan bá dáhùn, sọ èdè tí o fẹ́ a ó sì sọ ọ̀ pọ̀ mó ògbufò kan.

Tiếng Việt (Vietnamese) Chú ý: Thông báo này chứa thông tin về phạm vi bảo hiểm của quý vị. Thông báo có thể chứa những ngày quan trọng và quý vị cần hành động trước một số thời hạn nhất định. Quý vị có quyền nhận được thông tin này và hỗ trợ bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Các thành viên nên gọi số điện thoại ở mặt sau của thẻ nhận dạng. Tất cả những người khác có thể gọi số 855-258-6518 và chờ hết cuộc đối thoại cho đến khi được nhắc nhấn phím 0. Khi một tổng đài viên trả lời, hãy nêu rõ ngôn ngữ quý vị cần và quý vị sẽ được kết nối với một thông dịch viên.

Tagalog (Tagalog) Atensyon: Ang abisong ito ay naglalaman ng impormasyon tungkol sa nasasaklawang ng iyong insurance. Maaari itong maglaman ng mga pinakamahahalagang petsa at maaaring kailangan mong gumawa ng aksyon ayon sa ilang deadline. May karapatan ka na makuha ang impormasyong ito at tulong sa iyong sariling wika nang walang gastos. Dapat tawagan ng mga Miyembro ang numero ng telepono na nasa likuran ng kanilang identification card. Ang lahat ng iba ay maaaring tumawag sa 855-258-6518 at maghintay hanggang sa dulo ng diyologo hanggang sa diktahan na pindutin ang 0. Kapag sumagot ang ahente, sabihin ang wika na kailangan mo at ikokonekta ka sa isang interpreter.

Español (Spanish) Atención: Este aviso contiene información sobre su cobertura de seguro. Es posible que incluya fechas clave y que usted tenga que realizar alguna acción antes de ciertas fechas límite. Usted tiene derecho a obtener esta información y asistencia en su idioma sin ningún costo. Los asegurados deben llamar al número de teléfono que se encuentra al reverso de su tarjeta de identificación. Todos los demás pueden llamar al 855-258-6518 y esperar la grabación hasta que se les indique que deben presionar 0. Cuando un agente de seguros responda, indique el idioma que necesita y se le comunicará con un intérprete.

Русский (Russian) Внимание! Настоящее уведомление содержит информацию о вашем страховом обеспечении. В нем могут указываться важные даты, и от вас может потребоваться выполнить некоторые действия до определенного срока. Вы имеете право бесплатно получить настоящие сведения и сопутствующую помощь на удобном вам языке. Участникам следует обращаться по номеру телефона, указанному на тыльной стороне идентификационной карты. Все прочие абоненты могут звонить по номеру 855-258-6518 и ожидать, пока в голосовом меню не будет предложено нажать цифру «0». При ответе агента укажите желаемый язык общения, и вас свяжут с переводчиком.

हिन्दी (Hindi) ध्यान दें: इस सूचना में आपकी बीमा कवरेज के बारे में जानकारी दी गई है। हो सकता है कि इसमें मुख्य तिथियों का उल्लेख हो और आपके लिए किसी नियत समय-सीमा के भीतर काम करना ज़रूरी हो। आपको यह जानकारी और संबंधित सहायता अपनी भाषा में निःशुल्क पाने का अधिकार है। सदस्यों को अपने पहचान पत्र के पीछे दिए गए फ़ोन नंबर पर कॉल करना चाहिए। अन्य सभी लोग 855-258-6518 पर कॉल कर सकते हैं और जब तक 0 दबाने के लिए न कहा जाए, तब तक संवाद की प्रतीक्षा करें। जब कोई एजेंट उत्तर दे तो उसे अपनी भाषा बताएँ और आपको व्याख्याकार से कनेक्ट कर दिया जाएगा।

Bàsɔ̀-wùdù (Bassa) Tò Dùù Cáo! Bǝ̀ nǝ̀ kɛ bá nyo bǝ̀ kɛ m̄ gbo kpá bó nǝ̀ fùà-fùá-tiǝ̀ nyɛɛ jɛ dyí. Bǝ̀ nǝ̀ kɛ bédé wé jéé bǝ̀ bǝ̀ m̄ kɛ dɛ wa m̄ m̄ kɛ nyuɛɛ nyu hwé bǝ̀ wé bǝ̀ kɛ zi. ɔ̀ m̄ nǝ̀ kpé bǝ̀ m̄ kɛ bǝ̀ nǝ̀ kɛ kɛ gbo-kpá-kpá m̄ m̄ dyé dɛ nǝ̀ bídí-wùdù mú bǝ̀ m̄ kɛ se wídí dɛ pǝ̀. Kpooɔ̀ nyo bǝ̀ m̄ dǝ̀ fùùn-nòbà nǝ̀ dɛ waa I.D. káàò dɛín nyɛ. Nyo tǝ̀ sɛín m̄ dǝ̀ nòbà nǝ̀ kɛ: 855-258-6518, kɛ m̄ m̄ fò tee bǝ̀ wa kɛ m̄ gbo cǝ̀ bǝ̀ m̄ kɛ nòbà m̄ 0 kɛ dyi pàdàin hwé. ɔ̀ jǝ̀ kɛ nyo dɛ dyi m̄ gǝ̀ jǝ̀, po wudu m̄ m̄ poe dyie, kɛ nyo dɛ mu bó nǝ̀ m̄ bǝ̀ ɔ̀ kɛ nǝ̀ wudu mú zà.

বাংলা (Bengali) লক্ষ্য করুন: এই নোটিশে আপনার বিমা কভারেজ সম্পর্কে তথ্য রয়েছে। এর মধ্যে গুরুত্বপূর্ণ তারিখ থাকতে পারে এবং নির্দিষ্ট তারিখের মধ্যে আপনাকে পদক্ষেপ নিতে হতে পারে। বিনা খরচে নিজের ভাষায় এই তথ্য পাওয়ার এবং সহায়তা পাওয়ার অধিকার আপনার আছে। সদস্যদেরকে তাদের পরিচয়পত্রের পিছনে থাকা নম্বরে কল করতে হবে। অন্যরা 855-258-6518 নম্বরে কল করে 0 টিপতে না বলা পর্যন্ত অপেক্ষা করতে পারেন। যখন কোনো এজেন্ট উত্তর দেবেন তখন আপনার নিজের ভাষার নাম বলুন এবং আপনাকে দোভাষীর সঙ্গে সংযুক্ত করা হবে।

اردو (Urdu) توجہ: یہ نوٹس آپ کے انشورینس کوریج سے متعلق معلومات پر مشتمل ہے۔ اس میں کلیدی تاریخیں ہو سکتی ہیں اور ممکن ہے کہ آپ کو مخصوص آخری تاریخوں تک کارروائی کرنے کی ضرورت پڑے۔ آپ کے پاس یہ معلومات حاصل کرنے اور بغیر خرچہ کیے اپنی زبان میں مدد حاصل کرنے کا حق ہے۔ ممبران کو اپنے شناختی کارڈ کی پشت پر موجود فون نمبر پر کال کرنی چاہیے۔ سبھی دیگر لوگ 855-258-6518 پر کال کر سکتے ہیں اور 0 دبانے کو کہے جانے تک انتظار کریں۔ ایجنٹ کے جواب دینے پر اپنی مطلوبہ زبان بتائیں اور مترجم سے مربوط ہو جائیں گے۔

فارسی (Farsi) توجه: این اعلامیه حاوی اطلاعاتی درباره پوشش بیمه شما است. ممکن است حاوی تاریخ های مهمی باشد و لازم است تا تاریخ مقرر شده خاصی اقدام کنید. شما از این حق برخوردار هستید تا این اطلاعات و راهنمایی را به صورت رایگان به زبان خودتان دریافت کنید. اعضا باید با شماره درج شده در پشت کارت شناسایی شان تماس بگیرند. سایر افراد می توانند با شماره 855-258-6518 تماس بگیرند و منتظر بمانند تا از آنها خواسته شود عدد 0 را فشار دهند. بعد از پاسخگویی توسط یکی از اپراتورها، زبان مورد نیاز را تنظیم کنید تا به مترجم مربوطه وصل شوید.

اللغة العربية (Arabic) تنبيه: يحتوي هذا الإخطار على معلومات بشأن تغطيتك التأمينية، وقد يحتوي على تواريخ مهمة، وقد تحتاج إلى اتخاذ إجراءات بحلول مواعيد نهائية محددة. يحق لك الحصول على هذه المساعدة والمعلومات بلغتك بدون تحمل أي تكلفة. ينبغي على الأعضاء الاتصال على رقم الهاتف المذكور في ظهر بطاقة تعريف الهوية الخاصة بهم. يمكن للأخريين الاتصال على الرقم 855-258-6518 والانتظار خلال المحادثة حتى يطلب منهم الضغط على رقم 0. عند إجابة أحد الوكلاء، اذكر اللغة التي تحتاج إلى التواصل بها وسيتم توصيلك بأحد المترجمين الفوريين.

中文繁体 (Traditional Chinese) 注意：本聲明包含關於您的保險給付相關資訊。本聲明可能包含重要日期及您在特定期限之前需要採取的行動。您有權利免費獲得這份資訊，以及透過您的母語提供的協助服務。會員請撥打印在身分識別卡背面的電話號碼。其他所有人士可撥打電話 855-258-6518，並等候直到對話提示按下按鍵 0。當接線生回答時，請說出您需要使用的語言，這樣您就能與口譯人員連線。

Notice of Nondiscrimination and Availability of Language Assistance Services

Igbo (Igbo) Nrubama: Okwa a nwere ozi gbasara mkpuchi nchekwa onwe gi. O nwere ike inwe ubochi ndi di mkpa, i nwere ike ime ihe tupu ufodu ubochi njedebe. I nwere ikike inweta ozi na enyemaka a n'asusu gi na akwughị ugwo o bula. Ndi otu kwesiri ikpo akara ekwentị di n'azu nke kaadi njirimara ha. Ndi ozọ niile nwere ike ikpo 855-258-6518 wee chere ububo ahụ ruo mgbe amanyere ipi 0. Mgbe onye nnọchite anya zara, kwuo asusu i choro, a ga-ejiko gi na onye okowa okwu.

Deutsch (German) Achtung: Diese Mitteilung enthält Informationen über Ihren Versicherungsschutz. Sie kann wichtige Termine beinhalten, und Sie müssen gegebenenfalls innerhalb bestimmter Fristen reagieren. Sie haben das Recht, diese Informationen und weitere Unterstützung kostenlos in Ihrer Sprache zu erhalten. Als Mitglied verwenden Sie bitte die auf der Rückseite Ihrer Karte angegebene Telefonnummer. Alle anderen Personen rufen bitte die Nummer 855-258-6518 an und warten auf die Aufforderung, die Taste 0 zu drücken. Geben Sie dem Mitarbeiter die gewünschte Sprache an, damit er Sie mit einem Dolmetscher verbinden kann.

Français (French) Attention: cet avis contient des informations sur votre couverture d'assurance. Des dates importantes peuvent y figurer et il se peut que vous deviez entreprendre des démarches avant certaines échéances. Vous avez le droit d'obtenir gratuitement ces informations et de l'aide dans votre langue. Les membres doivent appeler le numéro de téléphone figurant à l'arrière de leur carte d'identification. Tous les autres peuvent appeler le 855-258-6518 et, après avoir écouté le message, appuyer sur le 0 lorsqu'ils seront invités à le faire. Lorsqu'un(e) employé(e) répondra, indiquez la langue que vous souhaitez et vous serez mis(e) en relation avec un interprète.

한국어(Korean) 주의: 이 통지서에는 보험 커버리지에 대한 정보가 포함되어 있습니다. 주요 날짜 및 조치를 취해야 하는 특정 기한이 포함될 수 있습니다. 귀하에게는 사용 언어로 해당 정보와 지원을 받을 권리가 있습니다. 회원이신 경우 ID 카드의 뒷면에 있는 전화번호로 연락해 주십시오. 회원이 아닌 경우 855-258-6518 번으로 전화하여 0을 누르라는 메시지가 들릴 때까지 기다리십시오. 연결된 상담원에게 필요한 언어를 말씀하시면 통역 서비스에 연결해 드립니다.

Diné Bizaad (Navajo) Ge': Díí bee íł hane'ígíí bii' dahólq bee éédahózin béeso ách'ááh naanil ník'ist'i'ígíí bá. Bii' dahólq doo íiyisíí yoolkáálígíí dóó t'áádoo le'é ádadoolyíllígíí da yókeedgo t'áá doo bee e'e'aahí ájiil'íh. Bee ná ahóót'i' díí bee íł hane' dóó níká'ádoowol t'áá nínizaad bee t'áá jiik'é. Atah danilínígíí béesh bee hane'é bee wólta'ígíí nitł'izgo bee nee hódolzinígíí bikéédéé' bikáá' bich'í' hodoonihjí'. Aadóó nááná'la' éi kóji' dahódoonih 855-258-6518 dóó yíi diilts'íł yaltí'ígíí t'áá nílélj áádóó éi bikéé'dóó naasbaas bił adidiilchíł. Áká'ánidaalwó'ígíí neidiitáágo, saad bee yánilt'i'ígíí yíi diikił dóó ata' halne'é lá níká'ádoowol.

Notes

Notes

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